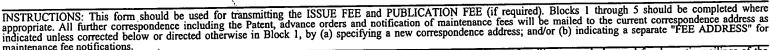
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(Depositor's name)	Martin L. Stoneman	٢
(Signature)	Waitis	t
(Date)	May 9, 2007	ľ

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/784,087	02/19/2004	Eric Owens	P03820	7012			
ITLE OF INVENTION: WELL CAP SYSTEMS							

TOTAL FEE(S) DUE PREV. PAID ISSUE FEE DATE DUE PUBLICATION FEE DUE ISSUE FEE DUE SMALL ENTITY APPLN. TYPE 05/29/2007 \$1000 \$0 \$300 \$700 YES nonprovisional CLASS-SUBCLASS ART UNIT **EXAMINER** 166-075130 3676 BATES, ZAKIYA W 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Stoneman Volk Patent Group (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence 2 Martin L. Stoneman (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Please check the appropriate assignee category or categories (will not be printed on the patent):

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